

## **Monroe County 4-H Volunteer Application**

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City Zip

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License \_\_\_\_\_ SS #

Phone \_\_\_\_\_ Day- best time to call

\_\_\_\_\_ Evening- best time to call

\_\_\_\_\_ Cell phone

E-mail \_\_\_\_\_

Are you a 4-H Alumnus? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been a 4-H leader/volunteer? \_\_\_\_\_ If yes, how many years and where? \_\_\_\_\_

Why are you interested in a 4-H volunteer position?

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Do you prefer to work directly with: \_\_\_\_\_ youth \_\_\_\_\_ adults \_\_\_\_\_ both

If you prefer to work directly with youth, what grade levels do you prefer?

\_\_\_\_\_ grades 1-2 \_\_\_\_\_ grades 3-5 \_\_\_\_\_ grades 6-8 \_\_\_\_\_ grades 9-12

What time commitment do you desire? \_\_\_\_\_ 1-3 months \_\_\_\_\_ 3-6 months \_\_\_\_\_ 6-12 months

Are you a fulltime resident of Monroe County? \_\_\_\_\_

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**Please list previous work or volunteer experience** (list current or most recent experience first- please list last 5 years only)

<u>Employer or Organization</u>	<u>Position Title or Vol. Role</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other skills, training, education:

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Have you been convicted of a criminal offense in the last seven years? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you pled nolo contendere? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes to any of the above, please give date, nature of offense and disposition.

*A criminal record will not necessarily bar an applicant; a criminal record will be considered as it relates to specifics of the position for which you have applied.*

**References:** List two persons not related to you who have definite knowledge of your qualifications for this position. Please include complete addresses and phone numbers.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

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I authorize contact of listed references. I understand that misrepresentation or omission of facts requested is cause for non-appointment as a Cooperative Extension Volunteer or for termination after appointment. If appointed as a volunteer, I agree to abide by the expectations and policies of Cooperative Extension and to fulfill the volunteer responsibilities to the best of my ability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application at your earliest convenience to assure prompt processing. Please contact us if you have any questions or wish further information. A complete list of volunteer positions and descriptions is available for review at the County Extension Office, 4-H Department.

Return to:     University of Florida/IFAS/Monroe County Extension 4-H  
                  1100 Simonton Street, #2-260  
                  Key West, FL 33040

Questions:    Kimberly Coldicott  
                  Extension Agent 4-H  
                  305-853-7385

Thank You!